
Aligning HIV care provision with the emerging vision for community-based care

Helen Schneider

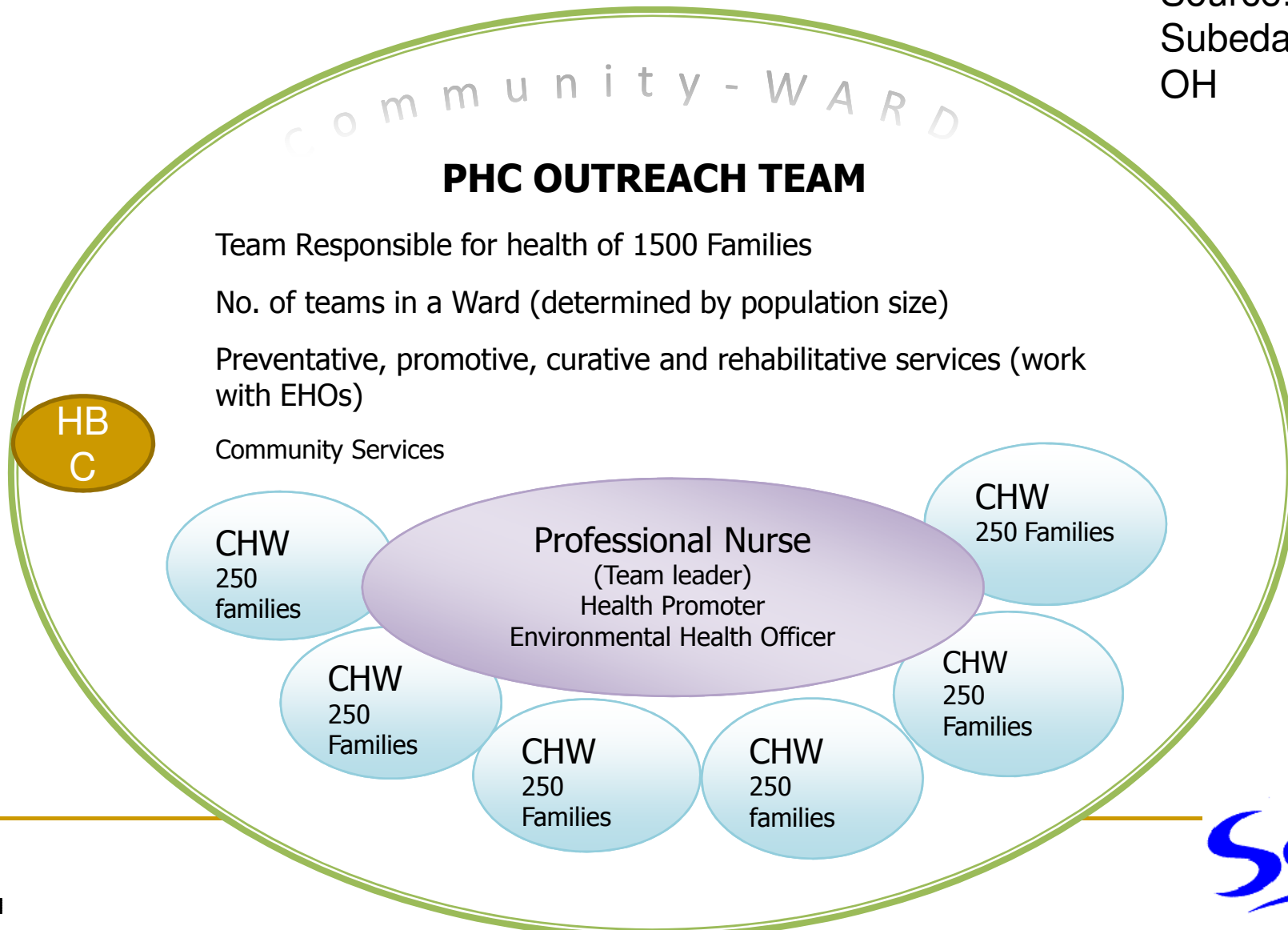
School of Public Health

University of the Western Cape



WARD BASED PHC OUTREACH TEAMS

Source: H
Subedar, D
OH





National Service Delivery Agreement (NSDA)

Outcome 2: a long and healthy life for all South Africans

- ❑ Output 1: Increasing life expectancy
- ❑ Output 2: Decreasing maternal and child mortality rates
- ❑ Output 3: Combating HIV and AIDS and decreasing the burden of TB
- ❑ Output 4: Strengthening health system effectiveness



1.9m on ART

MTCT: 2.7%



k1453595 fotosearch.co.uk

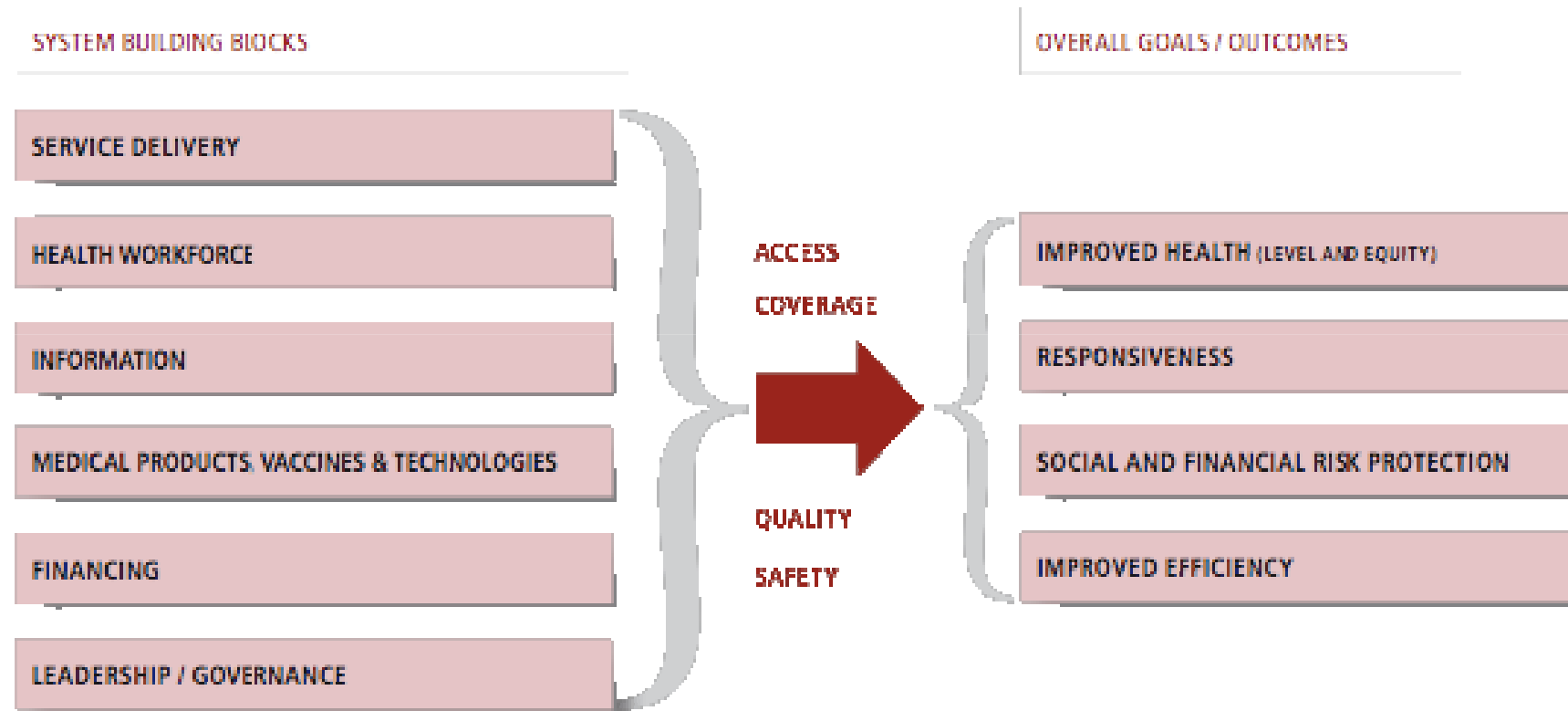


k8987792 fotosearch.co.uk



Sustainability requires a health system

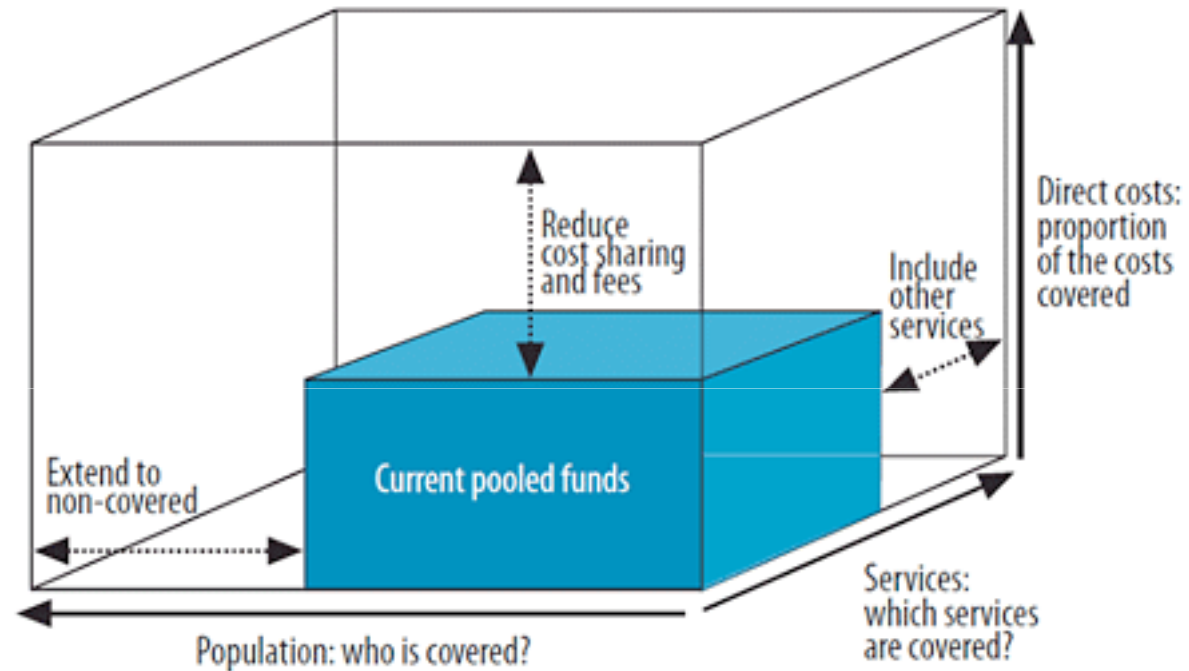
THE WHO HEALTH SYSTEM FRAMEWORK



THE SIX BUILDING BLOCKS OF A HEALTH SYSTEM: AIMS AND DESIRABLE ATTRIBUTES



Global Debates: Universal coverage



Three dimensions to consider when moving towards universal coverage

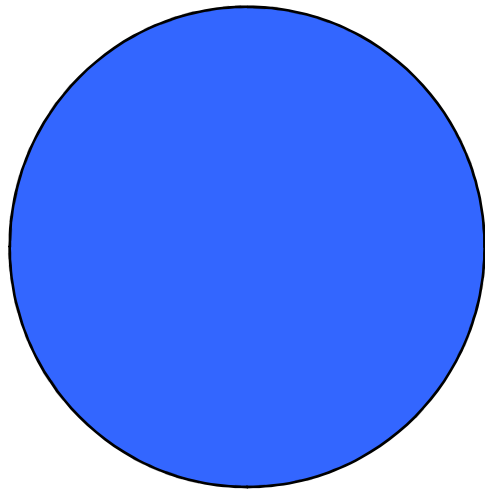


System level policies in SA

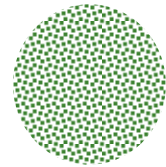
- National Health Insurance
- PHC Re-engineering
- Office of Standards Compliance
 - Facilities audits
 - Facility Improvement Teams
- Academy Health Care Leadership:
 - management capacity strengthening



Sustainable financing: NHI

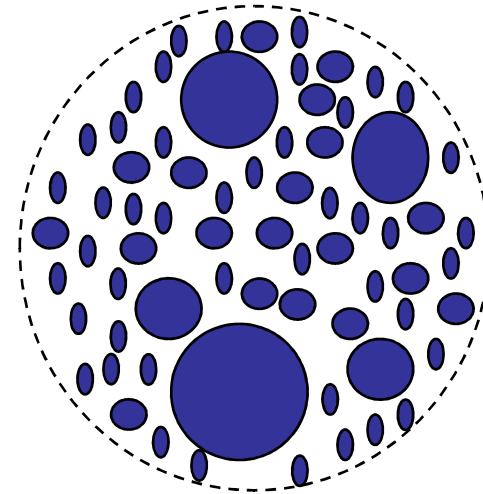


Tax:
43% of funds
84% of population
for inpatient &
specialist care
(68% PHC)



Out-of-pocket:
13% of funds

(16% uninsured
use private GP
& pharmacy on
OOP basis)

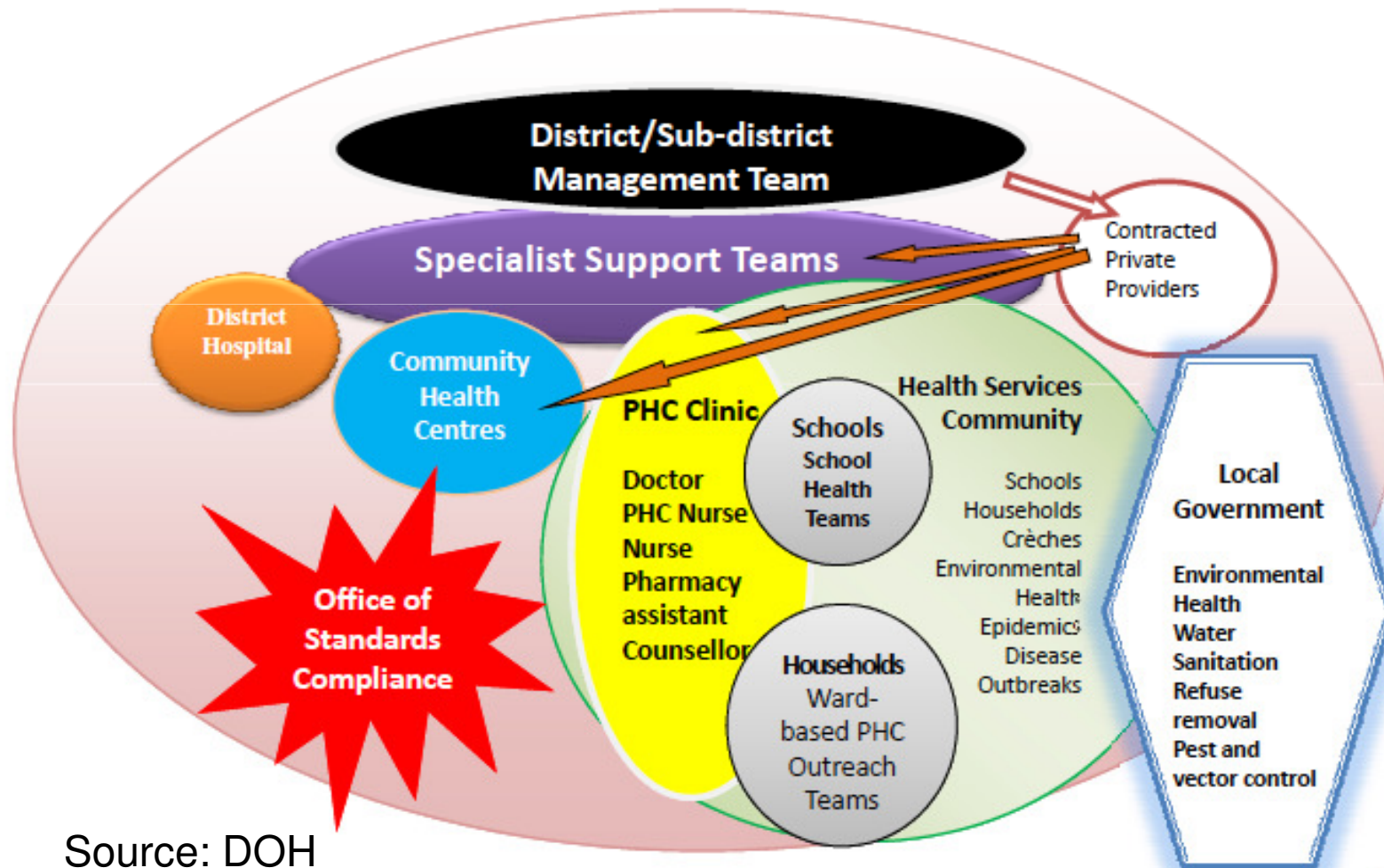


Medical schemes:
44% of funds
16% of population

Source: McIntyre, 2011

Service delivery infrastructure

DHS MODEL

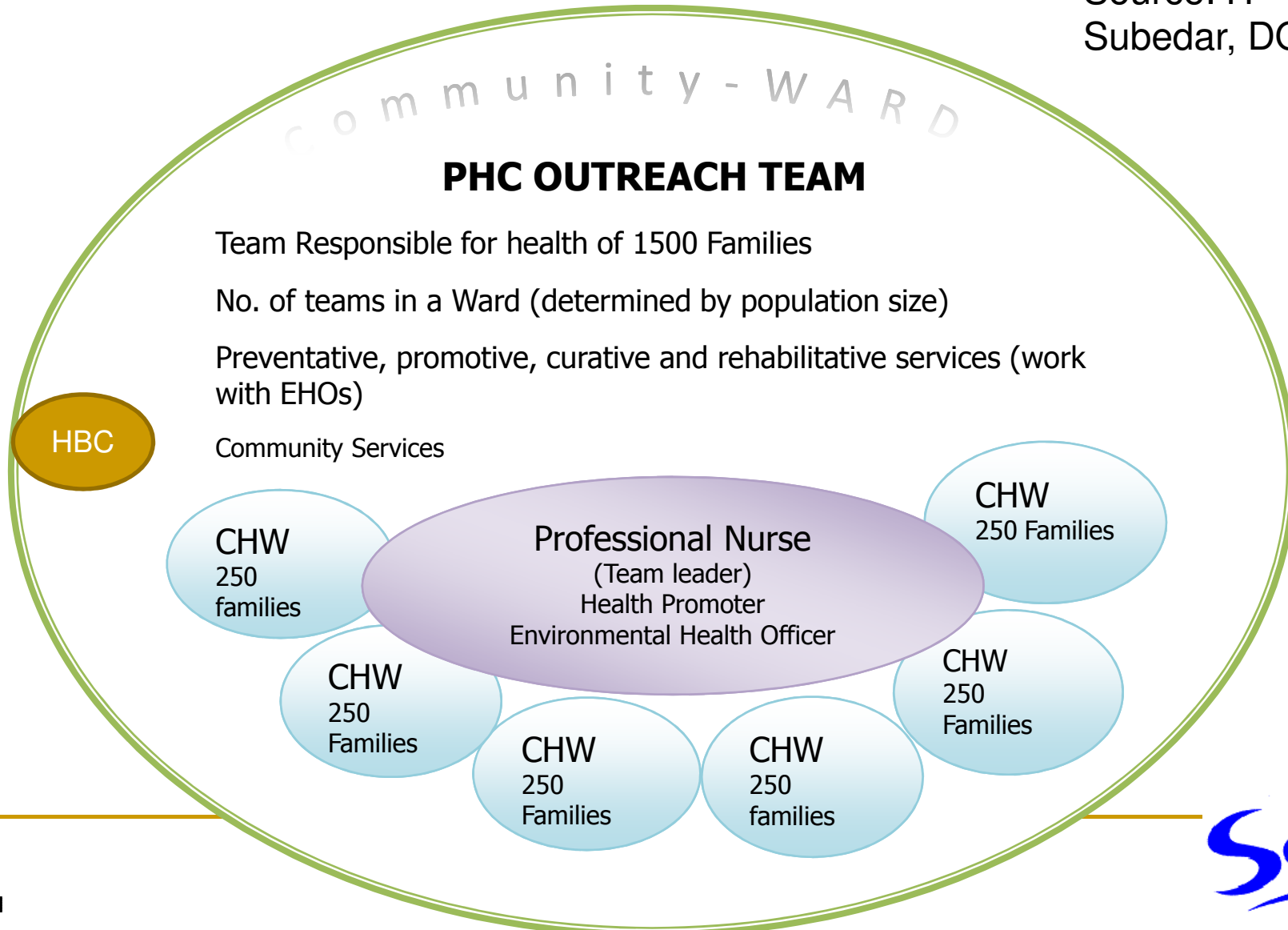


Source: DOH



WARD BASED PHC OUTREACH TEAMS


Source: H
Subedar, DOH



NATIONAL REQUIREMENTS FOR WARD BASED PHC OUTREACH TEAMS (Source: H Subedar, DOH)

Province	No. of Teams Required for full coverage	No. of CHWs Required for full coverage
Gauteng	1637	2562
North West	471	4836
Mpumalanga	560	3360
Limpopo	806	6018
Free State	427	9822
Eastern Cape	1003	2826
Northern Cape	160	960
Western Cape	827	9456
KwaZulu Natal	1576	4962
TOTAL	7467	44805

Ward Based Outreach Teams required in NHI Pilot Districts (Source: H Subedar, DOH)

Pilot Districts	No. Wards per Pilot District	No. Teams Required full coverage
Pixley Ka Seme	38	25
Umzinyathi	53	76
Umgungundlovu	84	152
OR Tambo	143	222
Gert Sibande	127	137
Vhembe	97	191
Tshwane	105	381
Thabo Mofutsanyane	99	116
Dr KK Kaunda	78	98
Eden	81	77
 Total	905	1475

Lay/Community health workers (National CHW Audit, DOH 2011)

	Counsellors		Other CHWs		Total
	n	%	n	%	
Provinces	9 243	15	54 044	85	63 287
PEPFAR	5 963	62	3 589	38	9552
TOTAL	15 206	21	57 633	79	72 839

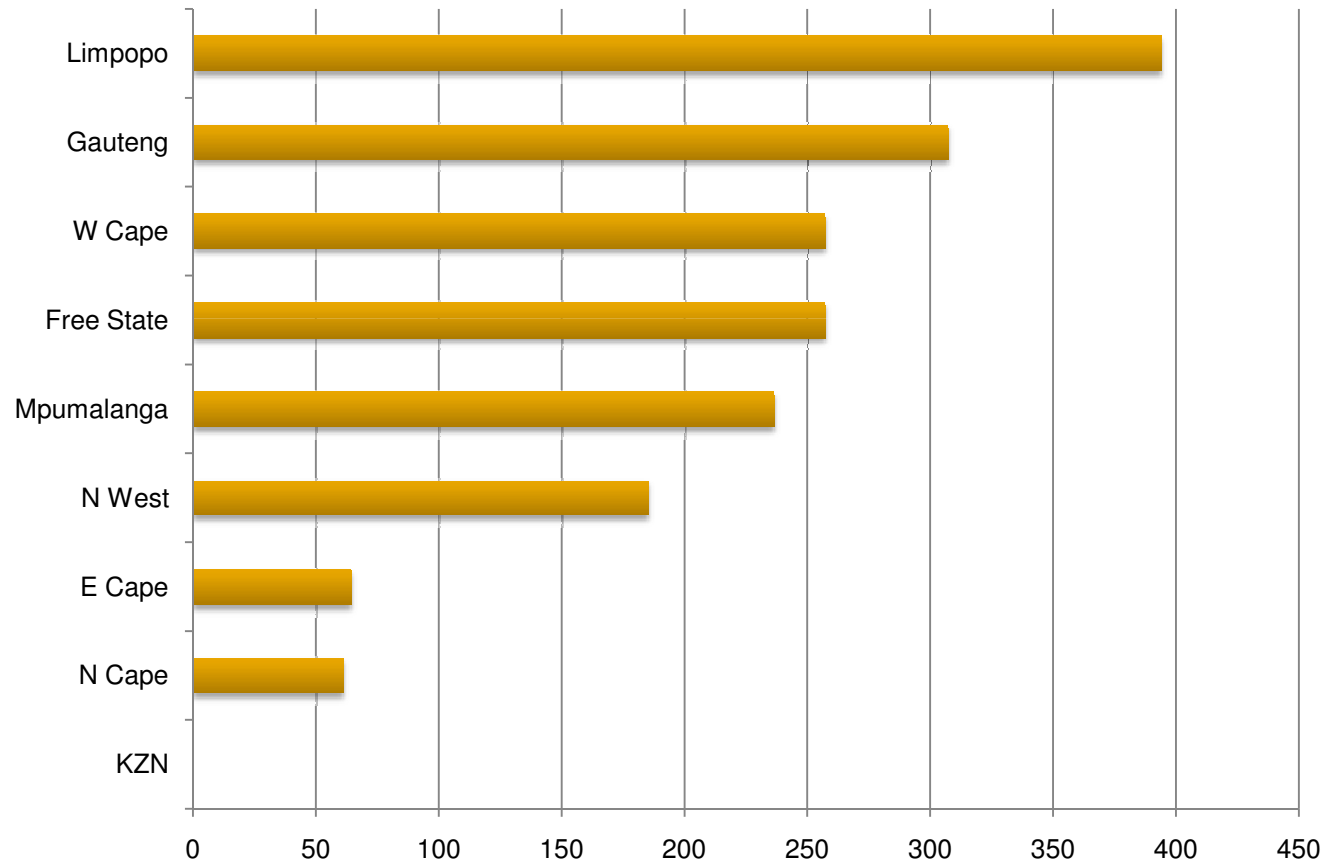


Terms used in Khayelitsha, 2010

- Abanalekeli
- Care aids
- Carer
- CDC facilitators
- Child Care Worker Coach
- Community Care workers
- Community carers
- Community Health Advocate
- Community Health Care Workers
- Community Health workers
- Community workers
- Counsellor
- Educators
- Facilitators
- Field worker
- Hlanganani Facilitator and Recruiter
- Home based carers
- Home carers
- Lay counsellors
- Mentors
- Peace workers
- PTC
- Student Volunteers
- Trainers
- Treatment Literacy and Prevention Practitioners
- Volunteer
- Youth Worker



Health related NPOs contracted to provincial governments (CHW audit, DOH, 2011)



PHC outreach teams

- Reorganisation of community based services
 - Proactive vs referral
 - Integrated and comprehensive: MCH, HIV/TB, chronic
 - Outreach team leaders
 - Link to clinic
- Roles: identification of needs, screening & referral, prevention, promotion, care, adherence support and follow-up



PHC Outreach Teams (cont.)

- Training:
 - + 5,000 CHWs
 - Outreach Team Leaders
 - CHW curriculum through QCTO
- M&E system:
 - National Indicator Dataset
 - Integration into DHIS
 - Tools and systems (pilot North West)
 - mHealth



Household Registration Form

Household Registration Form		 Department: Health REPUBLIC OF SOUTH AFRICA	Official Household registration number
------------------------------------	--	---	--

Clinic name (DHIS name)	Ward (DHIS #)	CHW household identifier number
Name of household head/contact	Date of visit (dd/mm/yyyy)	
Household street address/descriptive location		CHW name
		Team name (DHIS name)
Household respondent		A N/A R
Were all household members registered in this visit?		Y N

Household head-phone number	b. Date of birth (dd/mm/yyyy)	c. Age in years	d. Gender	2. Information about the house		
1. Household member details				a. Does the house have electricity?	Y	N
a. Name			male	female	b. Is there piped water in the house or in the yard?	Y N
1					c. Is there a working fridge in the house?	Y N
2					d. Is there a toilet in the house?	Y N
3					e. Total number of rooms in the house?	
4					f. How many grants does the household receive in total?	
5					g. How many people in the house are currently working?	
6					h. Name of school(s) for learners	
7						
8						
e. Totals						

3. General household screening questions for all households						Write HH member # in the last column	
If YES to any of following questions, refer for further care							
a. Does anyone in the household have any of the following: (circle all that apply) (refer for sputum test for TB)							
Cough that won't go away?	Night sweats	Weight loss	Fever	Loss of appetite?	Y	N	
b. It is very important to know your HIV status. Would anyone in the household like to have an HIV test? (refer for HCT)							
					Y	N	
c. Is there anyone who does not use a family planning method but wants to? (refer for family planning services)							
					Y	N	
d. Is there anyone in the household who cannot get out of bed or needs help with daily living activities? (refer for home-based care)							
					Y	N	
e. Do any household members need help applying for social grants? (refer for social services)							
					Y	N	
f. Is this a child (<18 years) headed household? (refer for social services)							
					Y	N	

4. Household screening questions for CHW follow-up			
If any of the answers below are YES, this household will need follow-up. Complete page 2 of this form			
a. Is anyone in the household currently pregnant or has not had a menstrual period in the last 6 weeks and may be pregnant?			Y N
b. Has there been a delivery (baby) in the last 6 weeks?			Y N
c. Are there any children under the age of 5 in the household?			Y N
d. Are there any children under the age of 5 in the household taking daily medication (like TB/ARV/diabetes medication/high BP medication)?			Y N

DOES THIS HOUSEHOLD NEED FOLLOW-UP?	
YES Complete page 2 of this form	NO Write date for next HH re-assessment visit

5. Further assessment and screening questions for all households to be followed by CHW		HH member number(s)*	Number of Referral Forms issued										
For each question: If the answer is YES, write the household member number(s) from the list of household member names and details on page 1. For any other problems you have identified, write this in the last box in detail and indicate HH member number. For questions b-g: check RTHB. If a referral is needed, write the total number of clients referred to the clinic for each line. If the client was referred elsewhere – indicate the reason, the place of referral and number of referral forms issued in box j.													
a. If someone in the house is pregnant, what is the estimated delivery date (EDD)? <i>Check the ANC card if available or ask mother when her LNMP was and use pregnancy wheel to estimate. (Write unknown if delivery date is not known)</i>	EDD (dd/mm/yy)												
b. If there was a birth in the last 6 weeks, what was the date? <i>Check the RTHB or ask mother for the date of births</i>	Date of Birth (dd/mm/yy)												
i. Was the baby's birth weight under 2500 grams? <i>Refer to clinic for monitoring. Schedule further home visits</i>	Y N												
c. Are there any children under 5 in the house whose immunisations are not up to date? <i>Refer for catch-up EPI at clinic</i>	Y N												
d. Are there any children under 5 who have not had a dose of vitamin A in the last 6 months? <i>Refer for vitamin A supplement at clinic</i>	Y N												
e. Are there any children who have not been weighed according to the growth-monitoring schedule or who show signs of malnutrition/growth faltering? <i>Refer for growth monitoring. Complete a nutritional assessment and schedule follow-up visits if needed</i>	Y N												
f. Are there any children with suspected illness or does mother/caregiver have concerns about any child's current or recent health status? <i>Assess and refer to clinic if needed. Schedule follow-up visits</i>	Y N												
g. Are there any HIV exposed children in the household 6 weeks or older who have not had a PCR test? <i>Check the RTHB. Refer to clinic for PCR test. Schedule follow-up visit</i>	Y N												
h. If anyone in the HH is taking medication for the following, write their HH member number in the box(es) below.													
<table border="1"> <tr> <td>TB</td> <td>HIV</td> <td>Hypertension</td> <td>Diabetes</td> <td>Other (Specify)</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	TB	HIV	Hypertension	Diabetes	Other (Specify)						Y N		
TB	HIV	Hypertension	Diabetes	Other (Specify)									
i. Has someone defaulted from treatment? <i>Write HH member # of defaulter. Refer to clinic for further care and schedule follow-up visit for treatment adherence support.</i>	Y N												
j. Any other problems identified (state).													

Comments/Notes	

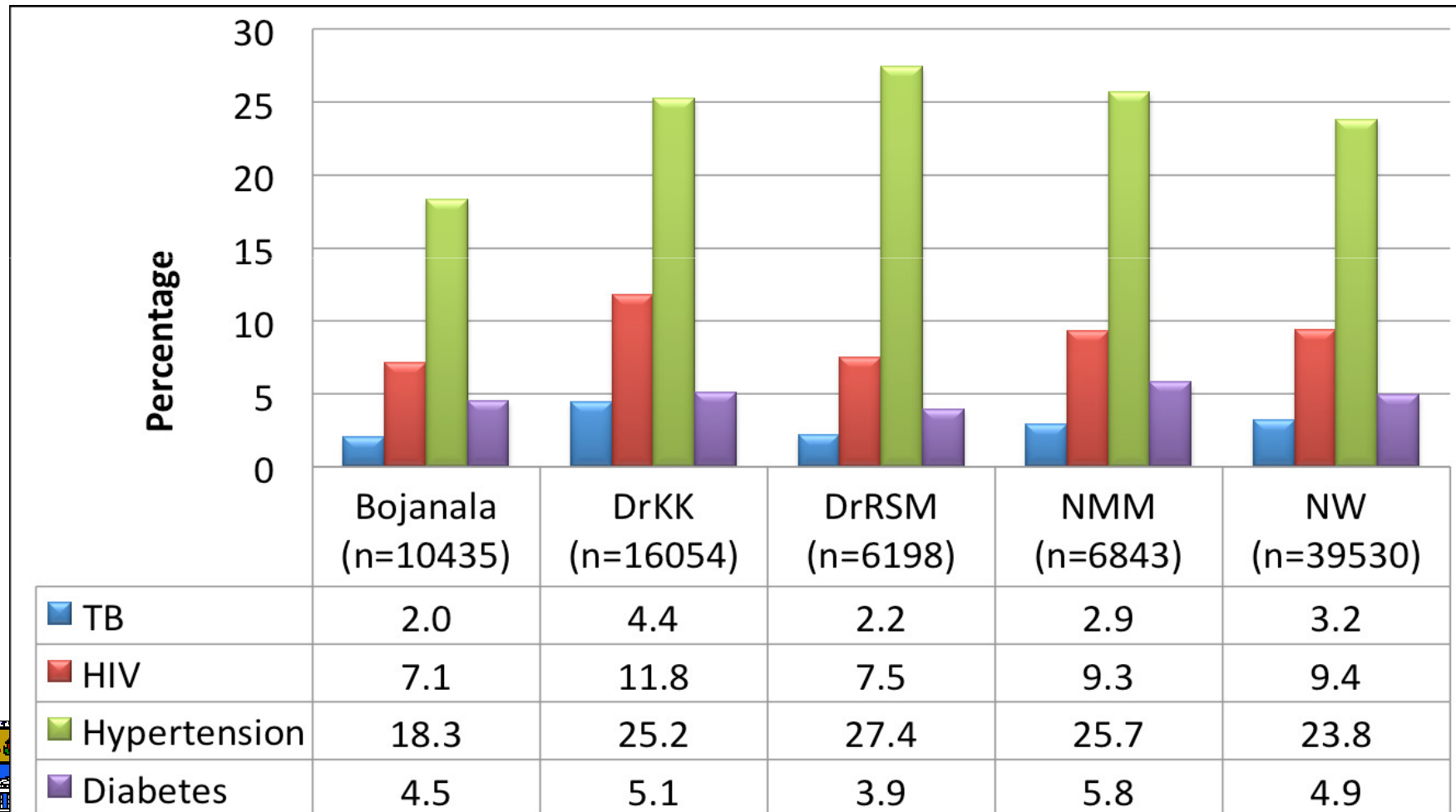
* NOTE: It is expected that an Individual Health Record is complete for every client that is being followed in the household.

CHW Signature _____ Verified by Team Leader _____ on _____ (date)

CHW household identifier number	_____
---------------------------------	-------



North West Province: Household profiles: current medication (Source: HST)



CHW details		Household visit details			Household activity					Referral Forms given		Activity head count		Community activity			
		Number households allocated	Type of visit		Supervised visit	Pregnancy	Postnatal	Under 5	Adherence support	Home-based care	Clinic	Social services	Home-based care	Clients UNDER 5 years	Clients 5 years and older	Support groups facilitated	Community campaigns
Household registration visit	Follow-up visit																
CHW name																	
Total																	
Total number of Back-referral Forms received from clinics this month																	

Signature of Team Leader _____ Date (dd/mm/yyyy) _____

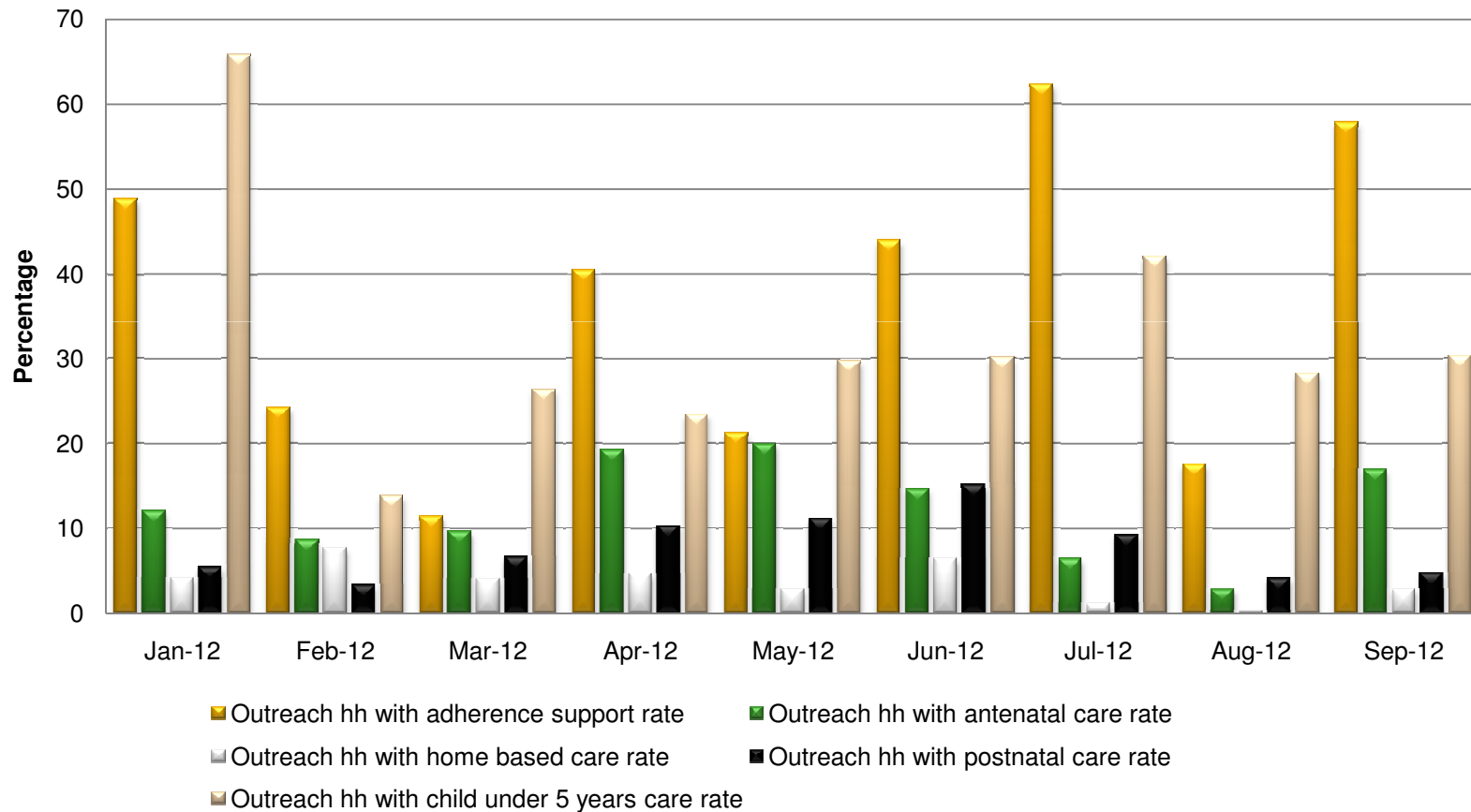
Signature of Facility Manager _____ Date (dd/mm/yyyy) _____

Signature of Data Capturer _____ Date (dd/mm/yyyy) _____

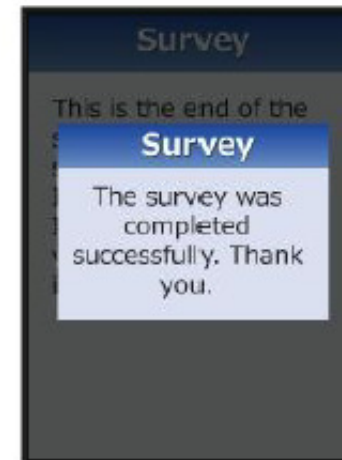
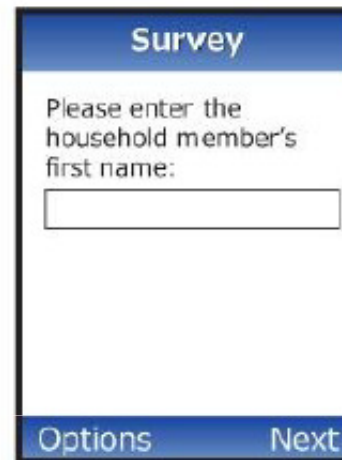
Comments:



North West Province: Household activities from routine HIS



mHealth version of system



User friendly system functions on low end Nokia phones



Issues for debate

- Household roles:
 - ❑ HIV testing, sputum collection, drugs (Vit A, deworming)
 - ❑ Scripted vs flexible roles
- Non-household roles & modes of delivery:
 - ❑ Community based distribution and follow up (ART, TB, NCDs)
 - ❑ Decentralised screening points
 - ❑ Community mobilisation: e.g. gender based violence
 - ❑ Schools, ECDs



Unresolved...

- Employment and conditions of service
- Role of NPOs
- Career paths



Uncertain...

Extent of implementation:

- Knowledge
- Buy-in: district and PHC, non-governmental players
- Re-organisation of community based services



Future depends on...

- Sustained political interest at all levels
- Much greater funding
- Communication and buy-in to integrated model
- More evidence: pilots, M&E
- Mobilisation from below
 - HIV community
 - Pefpar and other partners
- Advocacy!



Thank you!

